

Declaration of Exemption *ONLY for residents of Harrisburg**This form is **not** to be used as an Application for Refund.*

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME	FIRST NAME	INITIAL
SPOUSE'S FIRST NAME		INITIAL
PRESENT ADDRESS #	STREET	APT
CITY	STATE	ZIP

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income.

I AM NOT REQUIRED TO FILE A CITY TAX RETURN BECAUSE:

1. I was UNDER 18 years of age for the entire year.
(Attach documentation) —————> DATE OF BIRTH:

MO	DAY	YR
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1
2. I am a retired person receiving only pension income or other nontaxable income for the year. —————> DATE RETIRED:

MO	DAY	YR
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2
3. I did not reside in the city/village of _____ for the entire year of _____. —————> DATE OF MOVE:

MO	DAY	YR
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3
4. Taxpayer is DECEASED. —————> DATE OF DEATH:

MO	DAY	YR
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4
5. I had NO TAXABLE INCOME for the entire year of _____.
Income Source (Social Security, Welfare, etc.) _____ —————> (Check this Box).....

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5
(Current Year Exempt Only)
6. I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the entire year.
(This does not include civilians employed by the military). —————> (Check this Box).....

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6
(Current Year Exempt Only)
7. I am FILING JOINTLY with my spouse...Whose name is: —————>

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7

I hereby declare the information supplied above to be true, correct and complete.

Signature

Date

Spouse's Signature

Date

Phone

Mail completed form to:

**COLUMBUS INCOME TAX DIVISION
50 W. Gay Street, 4th Floor
Columbus, Ohio 43215-9037**